

ISSUE . . . FILED AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	C.L.		04-17-01
O.I.P.E. CLASSIFIER	SP	1020	569
FORMALITY REVIEW			06/08/96
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	6-15-00
2	✓	✓	6-15-00
3	✓	✓	6-15-00
4	✓	✓	6-15-00
5	✓	✓	6-15-00
6	0	-	-
7	0	-	-
8	0	-	-
9	0	-	-
10	0	-	-
11	0	-	-
12	0	-	-
13	0	-	-
14	0	-	-
15	0	-	-
16	0	-	-
17	✓	-	-
18	✓	-	-
19	0	-	-
20	0	-	-
21	=	-	-
22	=	-	-
23	=	-	-
24	=	-	-
25	=	-	-
26	=	-	-
27	=	-	-
28	=	-	-
29	=	-	-
30	=	-	-
31	=	-	-
32	=	-	-
33	✓	✓	6-15-00
34	✓	✓	6-15-00
35	✓	✓	6-15-00
36	✓	✓	6-15-00
37	✓	✓	6-15-00
38	0	-	-
39	0	-	-
40	0	-	-
41	0	-	-
42	0	-	-
43	0	-	-
44	0	-	-
45	0	-	-
46	0	-	-
47	0	-	-
48	0	-	-
49	✓	-	-
50	✓	✓	6-15-00

Claim	Final	Original	Date
51	✓	✓	6-15-00
52	✓	✓	6-15-00
53	✓	✓	6-15-00
54	✓	✓	6-15-00
55	✓	✓	6-15-00
56	✓	✓	6-15-00
57	-	-	-
58	-	-	-
59	-	-	-
60	-	-	-
61	-	-	-
62	-	-	-
63	-	-	-
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66	-	-	-
67	-	-	-
68	-	-	-
69	-	-	-
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92	-	-	-
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96	-	-	-
97	-	-	-
98	-	-	-
99	-	-	-
100	-	-	-

Claim	Final	Original	Date
101	-	-	-
102	-	-	-
103	-	-	-
104	-	-	-
105	-	-	-
106	-	-	-
107	-	-	-
108	-	-	-
109	-	-	-
110	-	-	-
111	-	-	-
112	-	-	-
113	-	-	-
114	-	-	-
115	-	-	-
116	-	-	-
117	-	-	-
118	-	-	-
119	-	-	-
120	-	-	-
121	-	-	-
122	-	-	-
123	-	-	-
124	-	-	-
125	-	-	-
126	-	-	-
127	-	-	-
128	-	-	-
129	-	-	-
130	-	-	-
131	-	-	-
132	-	-	-
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135	-	-	-
136	-	-	-
137	-	-	-
138	-	-	-
139	-	-	-
140	-	-	-
141	-	-	-
142	-	-	-
143	-	-	-
144	-	-	-
145	-	-	-
146	-	-	-
147	-	-	-
148	-	-	-
149	-	-	-
150	-	-	-

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If more than 150 claims or 10 actions
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